

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Olson, Kevin
Filed: Simultaneously Herewith
Serial No.: N/A
For: CORNER PIECE FOR A PICTURE FRAME

Commissioner of Patents and Trademarks
Washington, D.C. 20231

OATH AND POWER OF ATTORNEY
ORIGINAL APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

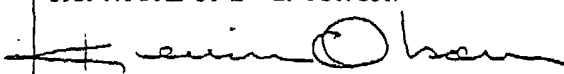
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled [Invention], the specification of which —

(check one) ☒ is attached hereto.
☐ was filed on _____ (Date)
as Application Serial No. _____
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the content of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

Power of Attorney: As a named inventor, I hereby appoint the following attorney to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

SEND CORRESPONDENCE TO: Edward L. White, P.C. 50 Penn Place, 4 th Floor 1900 N.W. Expressway Oklahoma City, OK 73118-1803		DIRECT TELEPHONE CALLS TO: (name and number) Ed White 405/810-8188		
201	FULL NAME OF INVENTOR	FAMILY NAME: OLSON	FIRST GIVEN NAME: KEVIN	SECOND GIVEN NAME:
	RESIDENCE AND CITIZENSHIP	CITY: NORMAN	STATE: OK	COUNTRY OF CITIZENSHIP: UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS: 705 E. BURR OAK Rd.	CITY: NORMAN	STATE & ZIP CODE: OK 73072
202	FULL NAME OF INVENTOR	FAMILY NAME:	FIRST GIVEN NAME:	SECOND GIVEN NAME:
	RESIDENCE AND CITIZENSHIP	CITY:	STATE:	COUNTRY OF CITIZENSHIP:
	POST OFFICE ADDRESS	POST OFFICE ADDRESS:	CITY:	STATE & ZIP CODE:
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.				
SIGNATURE OF INVENTOR 201:				
DATE: 11/24/99				

State of _____)

) ss

County of _____)

Sworn to and subscribed before me this _____ day of _____, 19____

(signature of notary or officer)

(SEAL)

(official character)

Deposited On: July 22, 2003

Express Mail No.: EV386511106US

Deposited On: July 22, 2003

PTO/SB/02 (10/00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/011,703
Filing Date	12/04/2001
First Named Inventor	OLSON, KEVIN
Group Art Unit	Art Unit: 3611 (Conf. No. 8657)
Examiner Name	Examiner: Brian K. Green
Attorney Docket Number	Attny. Dkt. No.: 6024.001

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:

☒ Customer Number **30589**

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Label here

OR

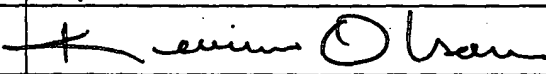
<input type="checkbox"/> Firm or Individual Name	Dunlap, Coddling & Rogers, P.C.				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	KEVIN OLSON
Signature	
Date	7/3/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

SEND TO: Box

Commissioner for Patents
Washington, D.C. 20231

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I hereby appoint:

☒ Practitioners at Customer Number

30589

Place Customer
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OR

☐ Practitioner(s) named below:

Name	Reg. Number	Name	Reg. Number	Name	Reg. Number
Jerry J. Dunlap	17,146	Charles A. Coddling	25,099	Douglas J. Sorocco	43,145
Christopher W. Corbett	36,109	Nicholas D. Rouse	36,992	Paul D. Rogers	50,234
Glen M. Burdick	24,230	Marc A. Brockhaus	40,923	Michael H. Smith	53,614
Richard A. Nelson	45,995	Kathryn L. Hester	46,768		

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

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☒ Firm or
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

KEVIN OLSON

Signature

Kevin Olson

Date

7/3/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.